

Patrol Specialist
(703) 305-3734

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/581912**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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47							97						
48							98						
49							99						
50							100						
							TOTAL IND.						
							TOTAL DEP.						
							TOTAL CLAIMS						

BEST AVAILABLE COPY